

03500.017449



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
YUJI KONDO ET AL.) : Examiner: Betelhem Shewareged
Application No.: 10/664,872) : Group Art Unit: 1774
Filed: September 22, 2003) :
For: RECORDING MEDIUM)
HAVING INK-RECEIVING) :
LAYER AND METHOD OF)
MANUFACTURING THE) :
SAME) : January 18, 2006

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated October 18, 2005, Applicants respectfully submit the following amendments and remarks in the above-referenced application.



In re Application of:

Docket No. 03500.017449

YUJI KONDO ET AL.

Application No.: 10/664,872

Examiner: Betelhem Shewareged

Filed: September 22, 2003

Group Art Unit: 1774

For: RECORDING MEDIUM HAVING
INK-RECEIVING LAYER AND
METHOD OF MANUFACTURING
THE SAME

January 18, 2006

Mail Stop Amendment

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	10	MINUS	49	0	x \$25 \$50	0
INDEP. CLAIMS	1	MINUS	6	0	x\$100 \$200	0
Fee for Multiple Dependent claims \$180/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

°Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$____ is enclosed.

Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.

A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.

A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.



Mark A. Williamson
Attorney for Applicants
Registration No. 33,628

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